



RUNAWAY AND HOMELESS YOUTH
FOCUS GROUP

3/5/04

A meeting of the members of the Coordinating Council for Runaway and Homeless Youth in Los Angeles County served as a focus group for the Los Angeles Coalition to End Hunger & Homelessness to provide recommendations to Bring LA Home – 10 year plan to end homelessness. This report is intended to serve as recommendations which will be submitted to be considered for the draft plan.

Agencies represented at this meeting were as follows: Azusa Unified School District, Los Angeles Conservation Corps., Tarzana Treatment Center, Dept. of Children and Family Services, The Alliance for Children’s Rights, Daniel’s Place, Edelman Mental Health Center (Westside), LA Free Clinic, Children’s Hospital (Pediatrician), 1736 Family Crisis Center, Public Counsel, Girls & Boys Town, Los Angeles Unified School District, Los Angeles Youth Network, County of LA Probation Department.

The following is a summary:

Location: Children’s Hospital Los Angeles

Time: 9:30 a.m. – 11:30 a.m.

Date: March 5, 2004

Subject	Comments
<i>Assisted Living</i>	<u>Rec:</u> Create assisted, dorm-style living spaces with a “house parent” for youth aged 18-22 so they can learn necessary skills while they attend community college or other training. Kids that come from intact families have trouble leaving home at 18 to live independently – they still have poor judgment, minimal life skills, they need basic support and educational skills this is even more necessary for homeless and emancipated youth. These can be addressed in these new living spaces throughout LA County.
<i>Continuity of Benefits</i>	<u>Rec:</u> Increase age limit for youth so they can continue to receive benefits well into their twenties so treatment and services are not disrupted. Many times the first occurrence of mental illness shows up in the early twenties and, this is the same time benefits are cut off.
<i>Definition of Youth</i>	<u>Rec:</u> Change the federal definition of “youth” to increase the age. Utilize the definition according to the World Health Organization. If this definition is changed, more youth will be eligible for services. This will prevent costs from mounting in jails, emergency rooms, and MH hospitals later in life.
<i>Department of Children & Family Services</i>	<u>Rec:</u> There are many kids who age out of the foster care system without options. DCFS must increase the age from 18 to even beyond the age of 21 before they lose services so they can be linked to resources (housing, mental health and substance abuse). Kids at this age are not ready for full independence and continue to need guidance for many years after.
<i>Employment</i>	<u>Rec:</u> Fund more employment programs that make youth ready for jobs. Connect youth to those jobs for which they’ve trained. Assure “living wages” to the youth who go through and graduate from these programs.

<i>Food Stamps and TANF</i>	<u>Rec:</u> Need to increase the dollar amount of TANF. Many youth with young children cannot survive on current rates.
<i>Foster Care</i>	<u>Rec:</u> Promote healthy foster homes by decreasing the number of children allowed per home. Children in foster care need a lot of attention and care so there needs to be an <i>increase</i> in qualified, well-trained foster homes and a <i>decrease</i> in the number of children in each home.
<i>Free Clinics</i>	<u>Rec:</u> Expand free clinics throughout LA County to address youth medical needs. Most homeless youth do not have benefits or enough money to cover prescriptions.
<i>Housing First</i>	<u>Rec:</u> Need more Housing First programs throughout LA County to be made available to youth.
<i>Keeping Families Together</i>	<u>Rec:</u> Increase housing (emergency, transitional & permanent) for families and youth with children. Breaking up the family due to older kids not being allowed to stay in facilities with their parents creates more homeless youth.
<i>Mobile Clinics</i>	<u>Rec:</u> Fund more mobile clinics so they can reach the youth that are reluctant to participate in programs and free clinics. Many cases of STDs, TB, communicable diseases, etc. exist. Bringing the treatment to the person will be more effective and it can also serve as a way to provide prevention education.
<i>No Fail Programs</i>	<u>Rec:</u> Fund more “no fail” programs for youth so they don’t feel hopeless and slip through the cracks. Many program rules are too stringent due to funding guidelines – they do not allow for slip ups which result in participants getting thrown out of housing and programs leading to homelessness.
<i>Outreach</i>	<u>Rec:</u> Increase outreach teams targeting homeless youth population.
<i>Rent Control</i>	<u>Rec:</u> Work with landlords to engage them in participating in a rent control program for youth exiting systems of care and those involved in programs with support services.
<i>Service Integration</i>	<u>Rec:</u> Need more programs for youth which are integrated with DCFS, Probation, Department of Mental Health and Health Services.
<i>Shelter/Facility Requirements</i>	<u>Rec:</u> There needs to be a shift towards changing entrance criteria for family homeless programs. Women and men (adults and youth with children) need to be able to keep <i>all</i> of their children with them and <i>stay as a family</i> in a shelter. The <i>age limit</i> for male children entering a shelter facility with their parent(s) must be <i>increased</i> to accommodate the <i>whole family</i> .
<i>Transportation</i>	<u>Rec:</u> Involve the MTA and other municipal bus companies to work with youth programs in LA County to establish a subsidized universal county wide pass that can be used on all bus lines, subways and trains.
<i>Youth Co-op</i>	<u>Rec:</u> Establish a program modeled on UCLA’s student co-op which allows youth to work for the co-op if short on rent, utilities, etc. Spread several throughout LA County.